



# KANSAS DRUG UTILIZATION REVIEW NEWSLETTER

**Health Information Designs, LLC**

**Winter 2017**

Welcome to the Winter 2017 edition of the “Kansas Drug Utilization Review Newsletter,” published by Health Information Designs, LLC (HID). This newsletter is part of a continuing effort to keep the Medicaid provider community informed of important changes in the Kansas Medical Assistance Program (KMAP).

## Helpful Web Sites

### **KMAP Web Site**

<https://www.kmap-state-ks.us/>

### **KDHE-DHCF Web Site**

<http://www.kdheks.gov/hcf/>

### **KanCare Web Site**

<http://www.kancare.ks.gov/>

## Fee-For-Service (FFS)

### Helpful Numbers

#### **Provider Customer Service (Provider Use Only)**

1-800-933-6593

#### **Beneficiary Customer Service**

1-800-766-9012

#### **KMAP PA Help Desk**

1-800-285-4978

## **In This Issue:**

**Healthy Weight  
Awareness**

**New and Upcoming  
Generic Medications**

## **Healthy Weight Awareness**

In the United States, an estimated 97 million adults are overweight or obese. Overweight is defined as a body mass index (BMI) of 25 to 29.9 kg/m<sup>2</sup> and obesity as a BMI of greater than or equal to 30 kg/m<sup>2</sup>. Being overweight or obese substantially raises a person’s risk of morbidity from hypertension, dyslipidemia, type 2 diabetes, coronary heart disease, stroke, gallbladder disease, osteoarthritis, sleep apnea and respiratory problems, and endometrial, breast, prostate, colon cancers; it also increases all-cause mortality. Additionally, waist circumference estimates disease risk for the above obesity-related condition: a man whose waist circumference is more than 40 inches or a non-pregnant woman whose waist circumference is more than 35 inches indicates a higher risk. It is important to point out that waist circumference is a screening tool and is not diagnostic of body fat.

Cigarette smoking is a major risk factor for cardiopulmonary disease. Smoking cessation is especially important in overweight and obese patients. Nicotine’s effect on body weight includes an increase in metabolic rate and decrease in caloric intake, which can cause a reduction in appetite. Additionally, smoking cessation may cause an increase in “hand-to-mouth” substitution and emotional supplementation. If the cessation of smoking causes weight gain, it should be treated through dietary therapy, physical activity, and behavior therapy.

Classification	BMI (kg/m <sup>2</sup> )
Underweight	< 18.5
Normal	18.5–24.9
Overweight	25–29.9
Obesity	30–39.9
Extreme Obesity	≥ 40

The non-metric conversion formula to calculate BMI is as follows: [weight in lbs./height in inches<sup>2</sup>] x 703.  
The metric conversion formula to calculate BMI is as follows: [weight in kg/height in m<sup>2</sup>].

## Healthy Weight Awareness

Treatment of overweight is recommended only when patients have two or more risk factors or a high waist circumference. It should focus on altering dietary and physical activity patterns to prevent development of obesity and to produce moderate weight loss. Treatment of obesity should focus on producing substantial weight loss over a prolonged period. The presence of comorbidities in overweight and obese patients should be considered when deciding on treatment options. Strong evidence exists that weight loss reduces blood pressure in both overweight hypertensive and non-hypertensive individuals, reduces serum triglycerides and increases high-density lipoprotein (HDL) cholesterol, provides some reduction in total serum cholesterol and low-density lipoprotein (LDL) cholesterol, reduces blood glucose levels in overweight and obese persons without diabetes, and reduces blood glucose levels and HbA1c in some patients with type 2 diabetes.

A variety of effective options exist for the management of overweight and obese patients, including dietary therapy, altering physical activity patterns, behavior therapy techniques, pharmacotherapy, surgery, and combinations of these techniques. The initial goal of weight loss therapy should be to reduce body weight by approximately 10 percent from baseline. Strategies for weight loss and weight management include several different pharmacologic and non-pharmacologic therapies, such as the following:

- Dietary therapy: A diet should be individualized to help create a deficit of 500 to 1,000 kcal/day. Most weight loss occurs due to decreased caloric intake.
- Physical activity: Physical activity is an important component of a weight loss regimen. It may not lead to substantial weight loss over a duration of six months as compared to diet or surgery; however, sustained physical activity is especially helpful to prevent weight regain.
  - The recommendation for physical activity includes 150 minutes of moderate-intensity aerobic activity (e.g., brisk walking) weekly and muscle-strengthening activities that work all major muscle groups (legs, hips, back, abdomen, chest, shoulders, and arms) two or more days weekly .
- Behavior therapy: Reinforcement is a tool that helps people to comply with self-monitoring of eating habits and physical activity, stimulus control, and social support, as well as other strategies that may help.
- Weight loss surgery: Weight loss surgery is one option for patients with clinically severe obesity (e.g., BMIs  $\geq 40$  or  $\geq 35$  with comorbid conditions). Weight loss surgery should be reserved for patients in whom pharmacotherapy has failed and who are suffering from complications of extreme obesity.
- Pharmacotherapy: In carefully selected patients, medications for weight loss can augment the behaviors listed above. The risk factors and diseases considered important enough to warrant pharmacotherapy for those with a BMI of 27 to 29.9 are hypertension, dyslipidemia, CHD, type 2 diabetes mellitus, and sleep apnea.

## Healthy Weight Awareness

Medication	Usual Dosing:
Belviq® (lorcaserin) Belviq XR® (lorcaserin ER)	IR: 10 mg twice daily ER: 20 mg once daily
Contrave® (naltrexone-bupropion)	16–180 mg twice daily
Qsymia (phentermine-topiramate)	3.75 mg/23 mg once daily for 14 days. After 14 days, increase to 7.5 mg/46 mg once daily. Evaluate weight loss after 12 weeks of treatment; if a patient has not lost at least 3% of baseline body weight, discontinue or escalate the dose. To escalate the dose, increase to 11.25 mg/69 mg once daily for 14 days followed by 15 mg/92 mg once daily. Evaluate weight loss following dose escalation to phentermine 15 mg/topiramate 92 mg ER after an additional 12 weeks of treatment.
Didrex® (benzphetamine) Regimex® (benzphetamine)	25 to 50 mg 1 to 3 times daily for short-term treatment.
Diethylpropion Diethylpropion ER	IR: 25 mg three times daily ER: 75 mg once daily
Phendimetrazine Phendimetrazine ER	IR: 17.5 to 35 mg 2 to 3 times daily ER: 105 mg once daily
Adipex-P® (phentermine) Lomaira™ (phentermine) Suprenza® (phentermine)	Adipex: 15 to 37.5 mg daily in 1 to 2 divided doses Lomaira: 8 mg three times daily Suprenza: 15 to 37.5 mg once daily
Alli® (OTC) (orlistat) Xenical® (Rx) (orlistat)	Alli: 60 mg 3 times daily Xenical: 120 mg 3 times daily
Saxenda® (liraglutide)	0.6 mg subcutaneously once daily for 1 week. Increase by 0.6 mg per day at weekly intervals to a target dose of 3 mg once daily.

Typically, the medications are proving effective if the patient has lost 5% of body weight from baseline within the first 12 weeks of treatment. A 5%–10% weight loss is likely to produce health benefits, such as improvements in blood pressure, blood cholesterol, and blood sugars.

Kansas Medicaid may consider some of the weight loss agents for coverage, which may require a prior authorization (PA).

### References:

- Centers for Disease Control and Prevention. Healthy weight. Last updated November 3, 2016. Available at <https://www.cdc.gov/healthyweight/index.html>. Accessed on February 20, 2017.
- Chiolero, Arnaud, et al. "Consequences of smoking for body weight, body fat distribution, and insulin resistance." *The American journal of clinical nutrition* 87.4 (2008): 801-809.
- Facts & Comparisons eAnswers. St. Louis, MO: Wolters Kluwer Health Inc.; 2017. Available at <http://online.factsandcomparisons.com>. Accessed February 2017.
- Pi-Sunyer, F. Xavier, et al. "Clinical guidelines on the identification, evaluation, and treatment of overweight and obesity in adults." *American Journal of Clinical Nutrition* 68.4 (1998): 899-917.

## Generic Medications

### Recently Approved Generic Drugs:

November 2016	December 2016	January 2017
Quetiapine ER (Seroquel XR) Iloperidone (Fanapt) Dexmethylphenidate ER (Focalin XR)	Pitavastatin (Livalo) Lopinavir-ritonavir oral solution (Kaletra)	Sodium oxybate oral solution (Xyrem) Dalfampridine (Ampyra) Memantine-donepezil (Namzaric)

### Upcoming Generic Drugs:

Generic Name	Brand Name	Anticipated Launch
Rasagiline	Azilect	February 1, 2017
Ethinyl estradiol;-norethindrone acetate	Minestrin 24 FE	March 1, 2017
Ezetimibe-simvastatin	Vytorin	April 25, 2017
Atomoxetine	Strattera	May 26, 2017

Health Information Designs, LLC  
 391 Industry Drive  
 Auburn, AL 36832  
[www.hidesigns.com](http://www.hidesigns.com)

PRST STD  
 U.S. Postage

Mailing Address Line 1

Mailing Address Line 2

Mailing Address Line 3

Mailing Address Line 4

Mailing Address Line 5